Option 1 - By Email To Halt Heronby

Simply copy and paste everything below into an email to Halt Heronby. As agreed with Selby District Council, we will then formally register your response for you: email haltheronbypublicteam@gmail.com

* Important - Do not attach this Word document, it must be copied, pasted and completed into the body of your email to us.

Reg 19 Publication Representation Form The Halt Heronby Action Group is proposing to submit a full and comprehensive response to the Public Consultation of the Selby Local Plan.

This full and comprehensive response will be based very closely on the information contained within the 38 templates at www.haltheronby.com but may contain some further detail. We have grouped our templates under the following: **Traffic**, **Agriculture**, **Climate Change**, **Infrastructure, Housing Need, Affordable Housing, Unsound Methodology, Social Impact, Ecology, Allocation of Stil-D, Biodiversity Gain, Duty To Cooperate,** and **Impending Merger Into North Yorkshire Council.** Addition of this detail will not make any material difference to the information in the template. If you consider that this submission will fairly express your view, you are permitted to add your signature to this comprehensive group response by completing the form below.If you want to respond with specific templates categories, please use Option 2.

I acknowledge that I am making a formal representation under Regulation 19 of the Town and Country Planning *(Local Planning)(England) Regulations 2012. I understand that my name (and organisation where applicable) and representation will be made publicly available during the public examination period of the Selby Site Allocations Local Plan in order to ensure that it is a fair and transparent process.E*

* **Each member** of your household can complete this as an **individual response** from their own email address! There is no age limit.

Title:
First name:
Last Name:
Address Line 1:
Postcode:
Telephone:
E-mail:
Sign (by typing) to accept above statement:
Date:
Do you wish to participate at the oral examination: Yes/No